

2284

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of GilaDistrict of San Carlos

Town of _____

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

481

State Index No. 482

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. _____

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD _____

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES

Alive NO

Sex of Child male

Twin, Triplet or other _____

and _____

Number in order of birth _____

Legitimate? yesDate of Birth July 10Month (Day) (Yr.) 1915Full Name FATHER Leis VictorResidence San CarlosColor or Race IndianAge at last Birthday 26

(Years)

Birthplace ArizOccupation FarmerFull Name MOTHER Grace SnegerResidence San CarlosColor or Race IndianAge at last Birthday 18

(Years)

Birthplace ArizOccupation HousewifeNumber of child of this mother. 1Number of children, of this mother, now living. 1

Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~attended~~ the birth of above child; ~~it~~ occurred on July 10, 1915, at _____ M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) H. P. Wallenstein

(Attending physician, midwife, or householder.)

Given or christian name added from a _____

Address San Carlos, Ariz

supplemental report _____ 191_____

Filed _____ 191_____

A True Copy

LOCAL REGISTRAR.

059-710-729

COUNTY REGISTRAR.

Filed _____ 191_____

COUNTY REGISTRAR.